

OM 15-005

EFFECTIVE DATE: 08 July 2015

By Order of the Assistant Director
Dr. Jon Krohmer, MD/s/

TO: IHSC Commissioned Corps Officers, Civilian Federal Employees and Contract Personnel

SUBJECT: Medical Payment Authorization Request (MedPAR) and Medical Claims
Submission, Processing and Payment Procedures

1. **APPLICABILITY.** This memorandum is applicable to all Commissioned Corps officers, civilian government employees, and contractors assigned to the ICE Health Service Corps (IHSC). In the event contractor personnel policy conflicts with this Operations Memorandum (OM), the contractor's policy will govern.
2. **PURPOSE.** This Operations Memorandum (OM) outlines the policy and process for all MedPAR users including those at IHSC-staffed facilities, contract detention facilities, Intergovernmental Service Agreement (IGSA) Facilities (dedicated and non-dedicated) regarding the MedPAR system and its requirements as well as the claims adjudication process.
 - a. This IHSC OM is effective immediately upon signature and release.
 - b. This OM is in effect until otherwise rescinded.
3. **BACKGROUND**
 - a. The IHSC MedPAR system is used to request offsite health care services and certain Durable Medical Equipment (DME) not provided by the custodial facility for detainees in the custody of Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO), Homeland Security Investigations (HSI), as well as Customs and Border Protection which includes Border Patrol and Office of Field Operations.
 - b. The system can be accessed at (b)(7)(E) [REDACTED]
(b)(7)(E) [REDACTED]
 - c. IHSC Field Medical Coordinators (FMCs), Managed Care Coordinators (MCCs), Behavioral Health Unit (BHU) Licensed Clinical Social Workers (LCSW), Regional Clinical Directors (RCD), Clinical Directors (CDs), and Regional Dentists will access the MedPARs using the IHSC CaseTrakker Enterprise system to review and adjudicate MedPARs.

4. MEDPAR PROCESS, ROLES AND RESPONSIBILITIES

MedPAR Access and Passwords

- a. Access to the MedPAR system is granted when the requestor submits the appropriate MedPAR account request form and the request is approved by IHSC and/or the ICE HelpDesk.
- b. Accounts are individualized and cannot be shared with others. Accounts which are being shared will be terminated.
- c. Access problems can be resolved through the ICE Help Desk at 888-347-7762.
- d. Passwords.
 - (1) Must be at least 8 characters long and contain a combination of upper and lower case letters, special characters and numbers.
 - (2) Log into the account at least every 30 days to keep the account active. All passwords expire after 90 days; therefore, change the password within this timeframe or the account will inactivate.
- e. Custodial Facility (IGSA MedPAR Process) (**Attachment A Flowchart**)
 - (1) On site provider examines detainee and determines need for offsite care or purchase of DME.
 - (2) Custodial Facility designee (usually either Administrative Assistant or Medical Records Technician) identifies appropriate off site provider and schedules an appointment.
 - (3) Custodial facility enters a request for off-site care in the MedPAR system.
 - (4) Custodial facility request for offsite health care is reviewed and approved by the IHSC Field Medical Coordinator, Managed Care Coordinator, or BHU LCSW (for inpatient mental health-related requests), depending on the nature of the request.
 - (5) If higher level review is required, the FMC/MCC forwards the additional documentation to an IHSC Regional Clinical Director or Regional Dentist for review, depending on the nature of the request.
 - (6) Once the RCD or Regional Dentist completes the review the FMC/MCC is notified that the request is approved.
 - (7) FMC/MCC will then approve the MedPAR in the CaseTrakker system.

- (8) Custodial Facility logs back into the CaseTrakker system to check on the status of the request
 - (9) If the MedPAR has been approved, the custodial facility forwards a copy of the approved MedPAR to the offsite provider.
 - (10) Detainee goes to appointment along with required paperwork (at a minimum, the approved MedPAR, appropriate on-site provider notes, lab results, etc.).
 - (11) Upon detainee's return to facility, medical clinic designee follows up with the off-site provider to obtain progress notes.
 - (12) If follow up offsite treatment is required, the custodial facility enters another request for services in the MedPAR system. If the consultant recommends a surgical procedure, the custodial facility forwards all medical documentation to their perspective FMC which will be forwarded to an IHSC Regional Clinical Director or Regional Dentist for review.
- f. Custodial Facility (IHSC-staffed sites - MedPAR Process) (**Attachment B Flowchart**)
- (1) On site Clinical Director (CD) or Mid-Level provider (MLP) examines detainee and determines the need for offsite care. A referral for offsite care is initiated in eClinical Works by the onsite provider.
 - (2) The Referral Coordinator (RC) identifies the appropriate off site provider and schedules an appointment. Once the appointment is scheduled the RC creates an authorization in the MedPAR system.
 - (3) The Referral Coordinator (RC) creates a clinic appointment in eCW to ensure that the outside appointment occurs as scheduled and to ensure that the patient is seen by medical staff when he/she returns from the outside appointment.
 - (4) Request for offsite health care is reviewed and approved by an IHSC Field Medical Coordinator, Managed Care Coordinator, BHU LCSW (for mental health related inpatient requests), or CD in the MedPAR system.
 - (5) The RC logs into the MedPAR system to check on the status of the MedPAR request.
 - (6) If the MedPAR has been approved, the RC forwards a copy of the approved MedPAR and other supporting documentation (if required by offsite provider) to the offsite provider. If the offsite provider does not require this information prior to the appointment, a hard copy of all supporting documentation to include the approved MedPAR will accompany the detainee to the scheduled appointment. The detainee's alien number should be highlighted on the eCW referral to ensure the provider is using the correct ID# for claims submission.

- (7) The RC arranges transportation with custody staff and ensures the proper documents are sent to the outside provider.
- (8) The detainee attends scheduled appointment and is returned to the facility. The RC updates the detainee's information received from the offsite provider in the eCW referral.
- (9) If follow up treatment is required off site, the RC enters another request for services in the MedPAR and eCW systems.

g. Dental MedPAR Process (**Attachment C Flowchart**)

- (1) Referring IHSC provider notifies the regional dental consultant that they are initiating a referral for outside care, discusses the case with the consultant, and notifies them if this is an emergent case requiring immediate attention.
- (2) Referring IHSC provider enters MedPAR in referral section of eCW; referring provider assigns the MedPAR to their local administrative assistant/ MedPAR lead for processing and entry into the Casetrakker system. (The referring provider also prints a hard copy of the referral and delivers it to their local administrative assistant/ MedPAR lead.) FMC's review the MedPAR and approve it or assign it to one of the regional dental consultants for review and adjudication if a higher level of review is needed.
- (3) Regional dental consultants review and approve the request or pend for more information if necessary. If more clinical information is necessary prior to adjudication (i.e. radiographs), the regional consultant will contact the referring provider to solicit the necessary information.
- (4) Once the regional dental consultant approves the request for service, the provider/local administrative lead contacts the outside specialist for scheduling.
- (5) The referring provider assesses the patient upon return from the outside visit, reviews the consultation notes and submits to medical records for scanning after initialing and dating the document(s).

h. Off-site Provider Responsibilities (**Attachment D Flowchart**)

- (1) Offsite provider administers the requested care per the approved MedPAR.
- (2) In the event that additional services/studies are required, the offsite provider submits a written request or treatment plan for further testing.
- (3) Offsite provider forwards a copy of his/her findings to the custodial facility.

- (4) Offsite provider uses the appropriate claim form (i.e., UB04, CMS1500 or ADA form) when submitting their claims to the VAFSC. Offsite provider bills for services in accordance with Centers for Medicare and Medicaid Services (CMS).
- (5) Offsite provider ensures that a copy of the approved MedPAR is submitted to the VA FSC with their claim. The MedPAR number is entered in field 23 of the CMS1500 and field 63 of the UB04, as well as the alien number in field 1a of the CMS1500 and field 60 of the UB04.
- (6) Offsite provider submits medical claim with the approved MedPAR to the VAFSC for adjudication. The mailing address for the Veteran Affairs Financial Service Center is:

ICE Health Service Corps
VA Financial Services Center
P. O. Box 149345
Austin, TX 78714-9345

- (7) All claim status inquiries should be directed to the VA Financial Services Center at 800-479-0523.
- (8) Offsite provider ensures that all claims for services are submitted to VAFSC/IHSC no later than 1 year from the date of service.

5. PROCESS FOR OBTAINING APPROVAL FOR SURGERY (Attachment E Flowchart)

- a. Detainee visits an offsite provider who recommends surgical intervention; the RC enters a MEDPAR into the system forwards all medical documentation to include clinical documentation i.e. x-rays, labs, consult notes to their perspective FMC for review by IHSC's RCD or Regional Dentist, depending on the nature of the request.
- b. Once the IHSC RCD / Regional Dentist has reviewed the medical documentation and clinically approves the procedure; the facility's RC enters a MedPAR into CaseTrakker for adjudication by the FMC/MCC. The RC also enters a corresponding request in eCW.
- c. The RC works with the offsite provider's office and schedules a surgical appointment.
- d. If the detainee requires a major procedure (based on CPT code and as determined by the CMS GSP), supporting clinical documentation is forwarded to the FMC, who forwards to the RCD for review and/or approval. Once RCD has approved procedure, the FMC forwards approval and supporting documentation to the perspective RFMC

- e. The RFMC forwards medical documentation and the RCD's clinical approval to IHSC's Provider Relations Liaison (PRL).
- f. The PRL contacts the offsite provider (physician/hospital) to confirm IHSC's standard Medicare reimbursement. If the provider accepts the Medicare reimbursement, the PRL updates the MedPAR with the Centers for Medicaid and Medicare Service (CMS) Global Surgical Package (GSP) approval verbiage and appropriate codes.
- g. If the offsite provider will not accept IHSC's standard Medicare reimbursement rates, the requested reimbursement information is obtained by IHSC's PRL. This information is reviewed by the PRL to determine reimbursement is consistent with industry standards. IHSC's PRL will forward reimbursement information to IHSC's Resources Management Unit (RMU) for approval.
- h. If reimbursement is approved by IHSC's Resource Management Unit (RMU), Team Lead, the approval is sent to IHSC's PRL, who updates the reimbursement verbiage in the MedPAR. .
- i. The PRL notifies the physician that the reimbursement was not approved.
- j. The PRL assists the custodial facility with locating another offsite provider that will accept Medicare reimbursement.

**6. DME REQUEST AND APPROVAL PROCESS (IHSC-Staffed Facilities Only)
(Attachment F Flowchart)**

- a. Health Services Administrators (HSAs)/Assistant HSAs (AHSAs) obtain the clinical notes justifying the request.
- b. HSAs/AHSAs obtain written vendor estimate for the DME to include codes and cost. It needs to be noted if the DME is to be rented or purchased.
- c. HSA/AHSA submits the clinical notes supporting the request for the DME and vendor estimate to the onsite Clinical Director (CD) for approval. For IHSC sites that do not have a clinical director, the HSA/AHSA will route this information to their respective RCD for approval.
- d. Once the request has been approved by the CD or RCD, the HSA/AHSA forwards the documented approval from the CD or RCD and the vendor estimate to IHSC's Provider Relations Liaison.
- e. IHSC's Provider Relations Liaison verifies with the vendor the route they will be using for reimbursement: MedPAR or direct credit card payment. PRL also verifies the costs from the vendor and the codes to ensure they are accurate.

- f. If the vendor will accept Medicare rates and bill through the VAFSC, a MedPAR is initiated by the site. Once the MedPAR is created, IHSC's Provider Relations Liaison ensures the accurate information is reflected in the MedPAR and informs the RFMC that the MedPAR can be adjudicated. The RFMC notifies the appropriate FMC that the MedPAR can now be approved.
- g. If the vendor will not bill through the VAFSC, the item is purchased or rented through the use of the government purchase card (IMPAC). This process will be coordinated through RMU and the designated Purchase Card (PCard) holder.
- h. Once the item is received, the packing slip or proof of delivery must be sent to the PCard holder for their records.

7. REIMBURSEMENT RATES

- a. Authorized payments for health care services are reimbursed in accordance with Title 18, Part III, Chapter 301, Section 4006 of the U.S. Code and shall not exceed Medicare reimbursement rates unless explicitly authorized.
- b. Dental services are reimbursed at IHSC's standard reimbursement rate of 90% Usual and Customary Rates (UCR). Requests for reimbursement above this rate must be negotiated and approved prior to the services being rendered.
- c. If a provider requests payment above the approved rates, the rates must be negotiated between IHSC and the provider prior to the services being rendered. Reimbursement outside of IHSC's standard reimbursement for medical and dental services must be approved by Resource Management Unit (RMU) prior to services being rendered. Prior to seeking approval to reimburse a provider above the approved IHSC fee schedule, the facility must attempt to identify another provider who accepts the Medicare reimbursement rates.
- d. All reimbursement for authorized health services is subject to custody verification.

8. COVERAGE BEGINNING AND ENDING

- a. IHSC covers health care services for individuals in ICE custody from the first day that the individual is placed in ICE custody.
- b. IHSC provides reimbursement for limited problem-focused dental care. Dental services provided to ICE detainees are provided in accordance with the specific custody requirements.
- c. Coverage is terminated on the date that the individual is released from ICE custody.
- d. If the individual is currently hospitalized and released from ICE custody, the MedPAR is approved through the last day of custody. ICE notifies the hospital that the detainee has

been released from custody and that ICE has no fiscal responsibility for health care services provided after the date of release.

9. DEDUCTIBLES AND CO-PAYMENTS

- a. Medically necessary and appropriate offsite medical, dental, mental health services and durable medical equipment and related supplies authorized by IHSC are provided at government expense unless otherwise stated in the signed contract/agreement between ICE and the custodial facility.
- b. The detainee in ICE custody has no responsibility for payment of deductible or co-payment for health care services.

10. COVERED SERVICES

- a. The IHSC Covered Services Package describes health care services available to ICE detainees while in ICE custody.
- b. Refer to the current version available at (b)(7)(E)

(b)(7)(E)

11. VETERANS AFFAIRS FINANCIAL SERVICES CENTER (VAFSC). There are two ways the medical providers can submit claims for processing, via electronic or paper submissions. Both processes are outlined below:

- a. Electronic Claims Submission Process (ClaimsNet)
 - (1) Service provider submits medical claim to the VAFSC either electronically or via the U.S. Postal Service. Claims submitted through ClaimsNet (electronic claims vendor) are transmitted to the VAFSC.
 - (2) The claims are imported into Plexis Claims Manager (PCM).
 - (3) The claims are pulled into an adjudication run in PCM and adjudicated overnight.
 - (4) All claims are processed in accordance with IHSC's business rules and Centers for Medicaid and Medicare Services (CMS) guidelines.
 - (5) Claims are gathered into daily payables batches and sent through the Great Plains Accounting System.
 - (6) Great Plains creates a disbursement file which is sent to U.S. Treasury.
 - (7) U.S. Treasury Dept. issues checks, Electronic Funds Transfer (EFT) payments and explanation of benefits (EOB) to providers.

(8) Payment information is updated in the Plexis system.

b. Paper Claims Submission Process

(1) Claims are opened in Austin Information Technology Center (AITC) cleanroom and placed back in the original envelope.

(2) Claims are transported to the FSC mailroom.

(3) Claim prepped in mailroom and sorted by form type. All staples, sticky notes and tape are removed from claims.

(4) Claims are scanned into a TIF file.

(5) The TIF file is File Transfer Protocol (FTPd) to ClaimsNet where it is read by an Optical Character Recognition (OCR) scanner and converted into an x12 file by ClaimsNet (VAFSC electronic claims intermediary provider).

(6) The x12 file is FTPd to FSC.

(7) The x12 file is imported into Plexis by the Other Government Agency (OGA) Medical Claims Team.

(8) The claims are pulled into an adjudication run in PCM and adjudicated overnight.

(9) All claims are processed in accordance with IHSC's business rules and CMS guidelines.

(10) Claims are gathered into daily payables batches and sent through the Great Plains Accounting System.

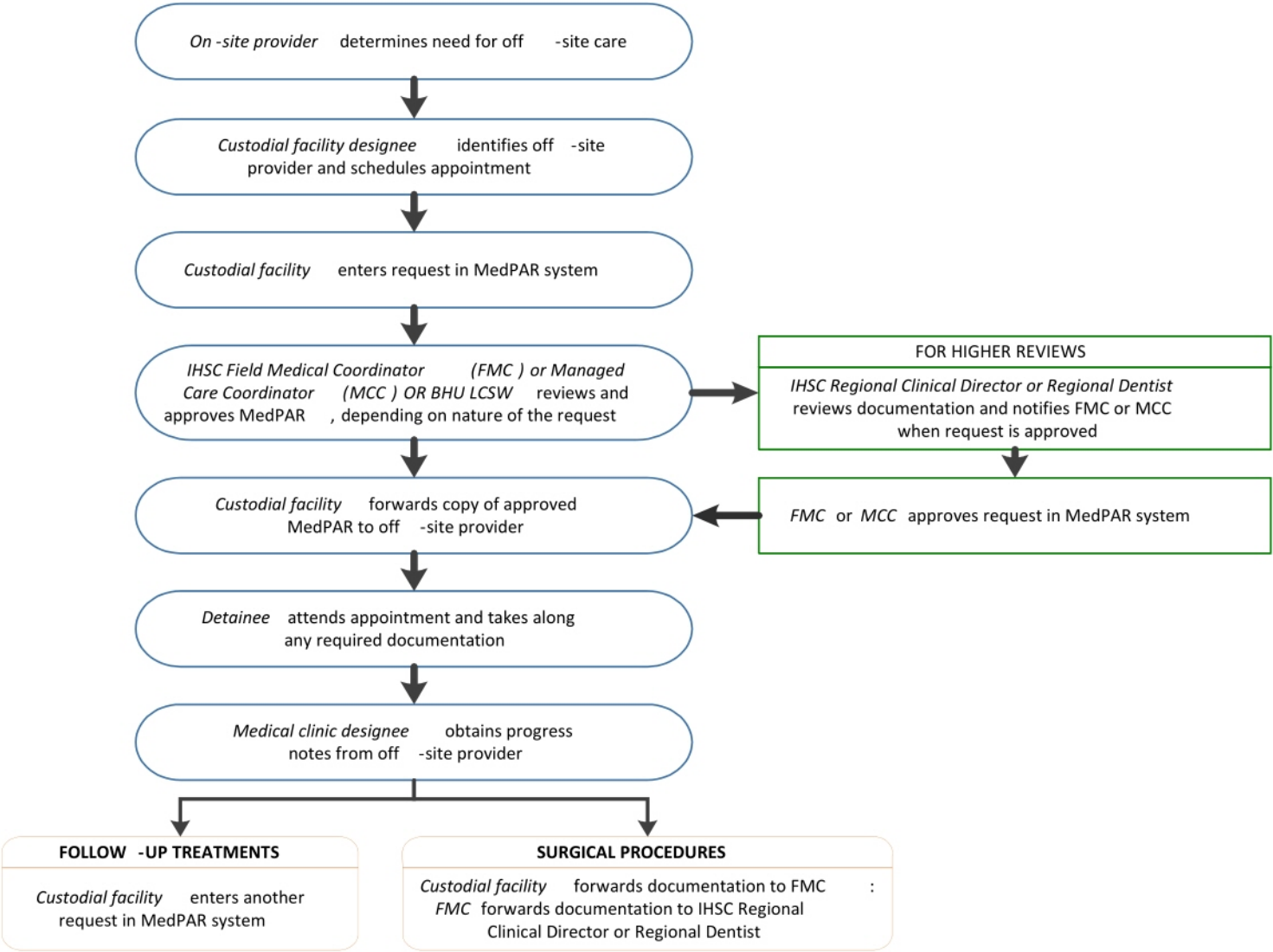
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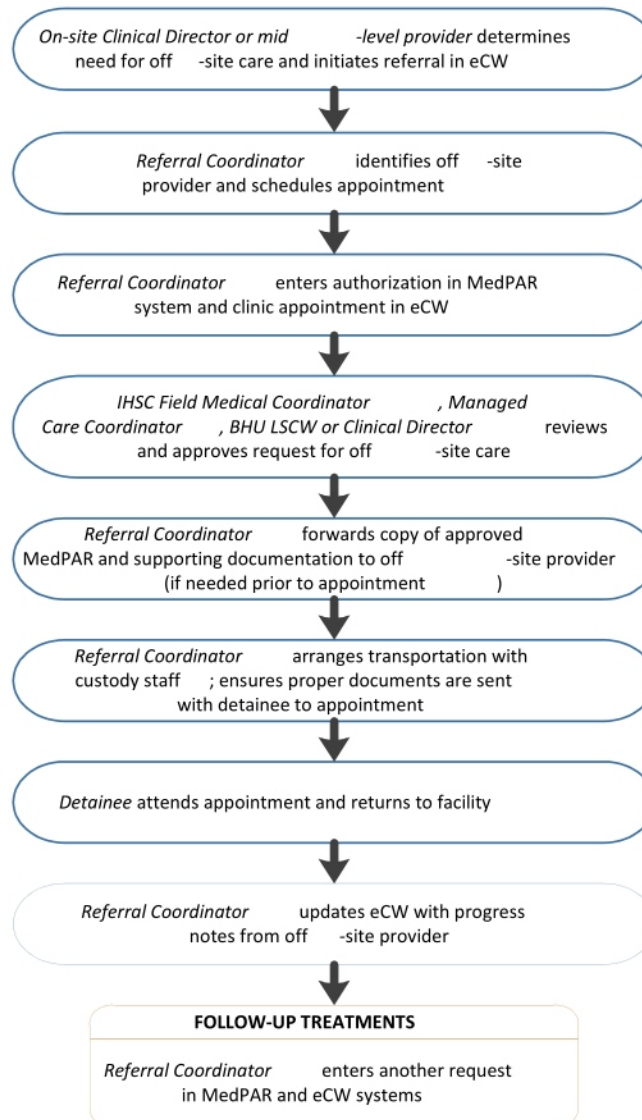
(13) Payment information is updated in the Plexis system.

13. **NO PRIVACY ACT STATEMENT.** This memorandum is an internal statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

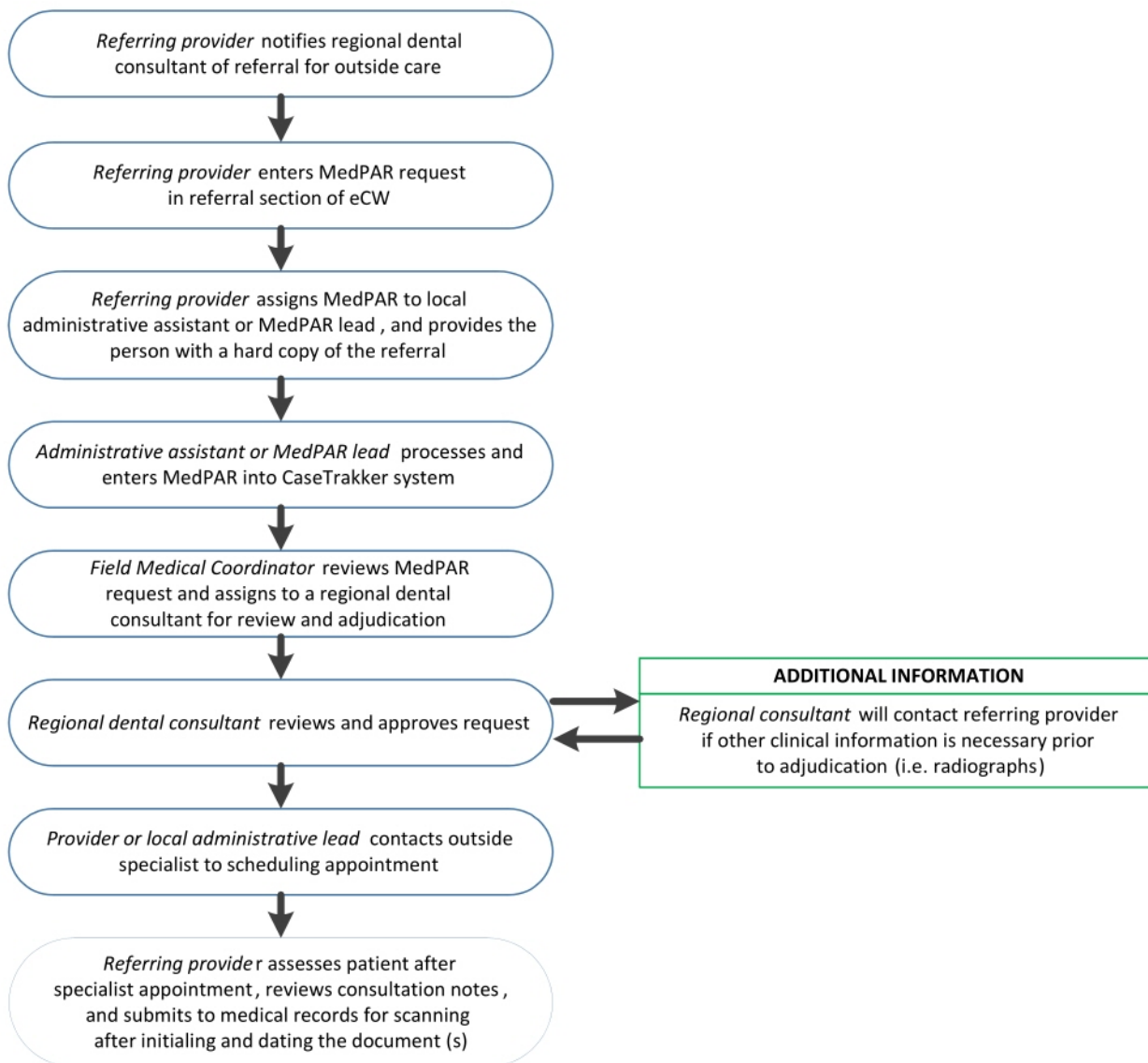
Attachment A: IGSA MedPAR Process



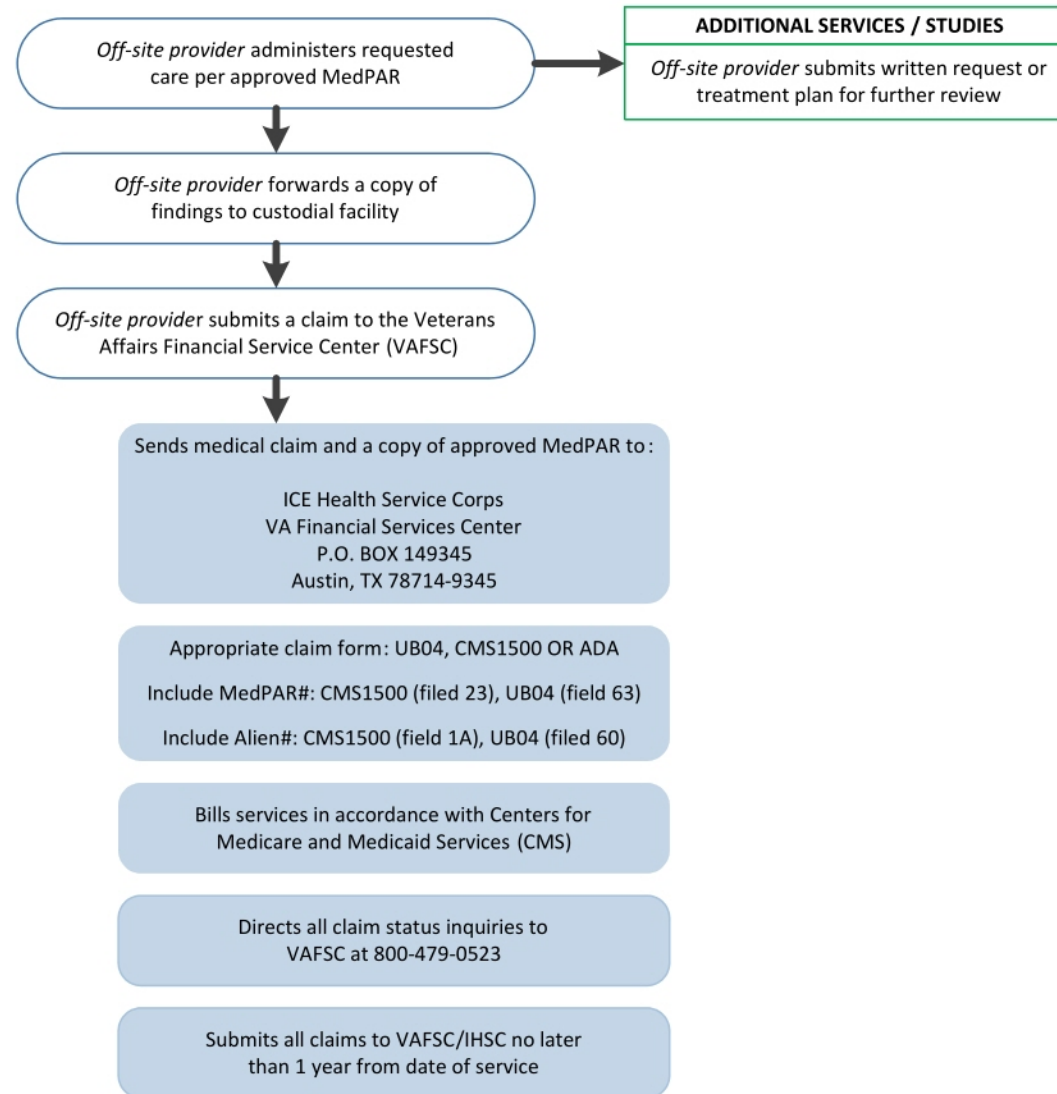
Attachment B: IHSC MedPAR Process



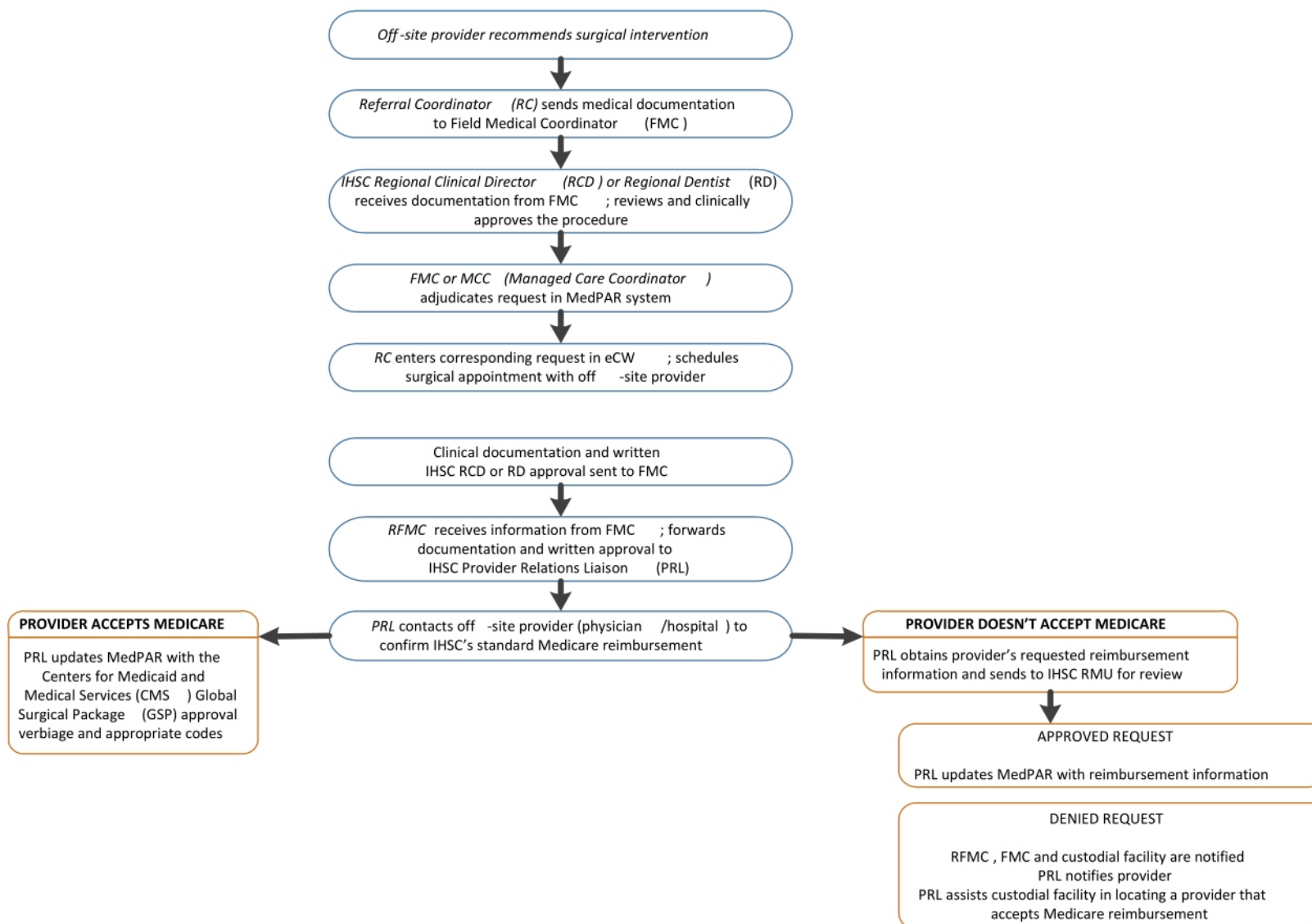
Attachment C: Dental MedPAR Process



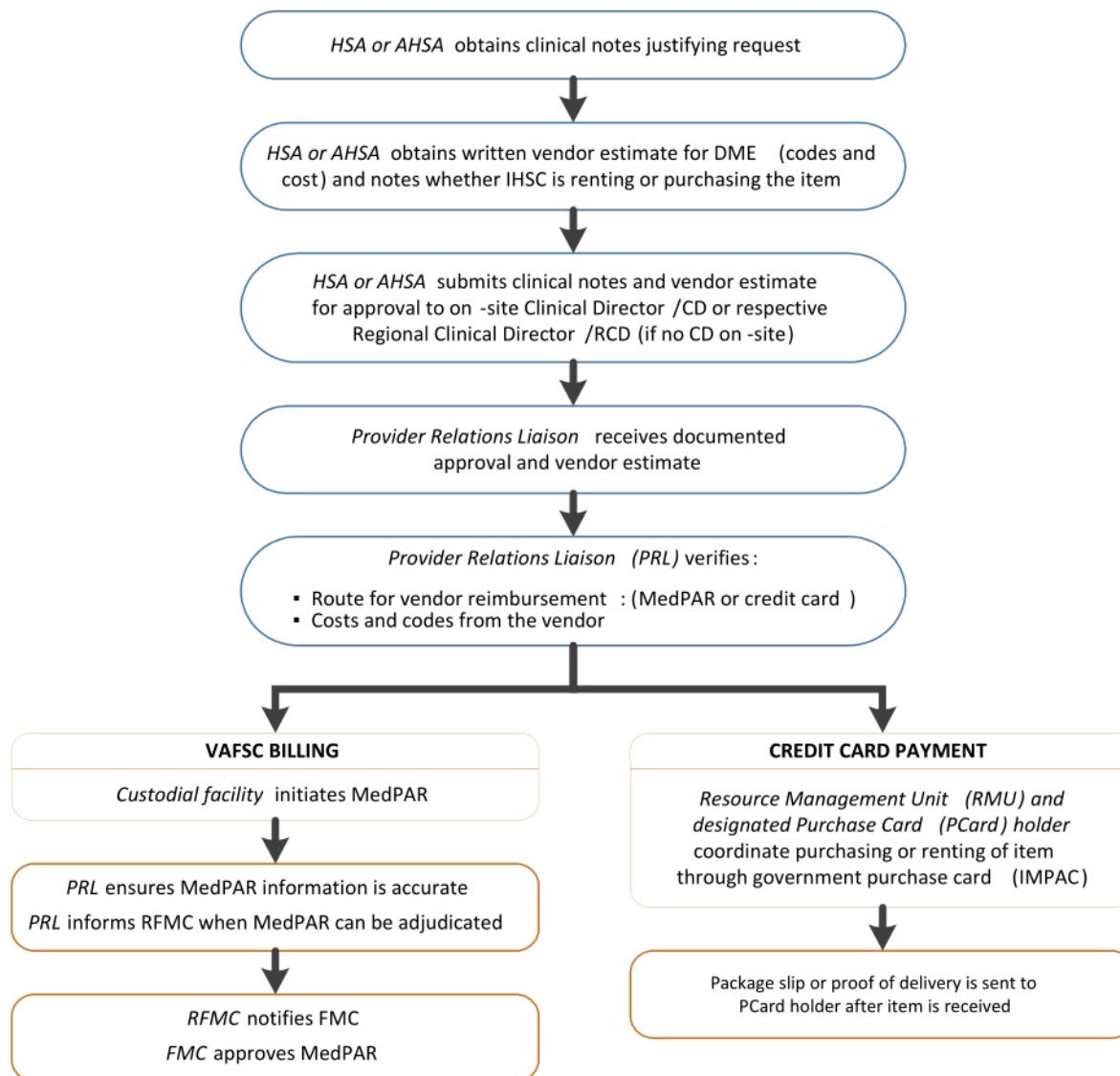
Attachment D: Off-Site Provider Responsibilities



Attachment E: Process for Obtaining Approval for Surgery



Attachment F: DME Request and Approval Process (IHSC Facilities Only)



Attachment G: Summary of Responsibilities

	Determines Need for Care	Identifies Offsite Provider / Schedules Appointment	Creates MedPAR	Reviews & Approves MedPARs	Sends / Receives Documents from Offsite Provider	Reviews & Approves Surgeries and Requests Requiring Higher Authority	Initiates eCW Request	Updates eCW Referral	Assesses Patient After Offsite Appt and Submits Documents to Medical Records	Confirms Medical Codes and Provider Reimbursement	Submits Medical Claim
IHSC STAFF											
Field Medical Coordinator or Managed Care Coordinator				X							
Behavioral Health Unit LCSW				X							
Regional Clinical Director or Dentist						X					
Regional Dental Consultant				X							
Provider Relations Liaison										X	
Health Services Administrator/HSA or AHSA											
Resource Management Unit											
FACILITY STAFF											
Custodial Facility / Designee		X	X		X						
Onsite Provider	X										
Referring Provider	X						X		X		
Mid-Level Provider	X						X				
Clinical Director	X			X			X				
Referral Coordinator		X	X		X		X	X			
Medical Clinic Designee					X						
Admin Assistant or MedPAR Lead			X								
OFFSITE STAFF											
Offsite Provider	X										X